

# Healdsburg Kiwanis Club Membership



Type of Membership:  Individual  Corporate  Associate \_\_\_\_\_

Why do you want to join?  To Help Kids  Community Involvement  Business Networking  To Make Friends  
Other \_\_\_\_\_

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Bus Phone: \_\_\_\_\_ Bus Fax \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Send Kiwanis Mail to:  Home  Work Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(mo/day/yr)

If you are a former Kiwanian: Club Name \_\_\_\_\_ Date Left \_\_\_\_\_  
Length of Membership \_\_\_\_\_ Life Member #: \_\_\_\_\_  
(mo/day/yr)

Were you a member of a Service Leadership Program: Circle K \_\_\_\_\_ Key Club \_\_\_\_\_ Aktion Club \_\_\_\_\_  
Dates: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Is Spouse a Member of Kiwanis? \_\_\_\_\_

**Healdsburg Kiwanis Club Dues are \$45 per quarter.**

I agree to obligations of membership and to comply with the bylaws of this club.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

PLEASE CHECK ONE BLOCK PER CATEGORY		
PRIMARY EMPLOYMENT		JOB CLASSIFICATION
Codes		Codes
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Medical	N. Elected
<input type="checkbox"/> Comm/Media	<input type="checkbox"/> Nonprofit	O. Management
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate	P. Partner/Owner
<input type="checkbox"/> Education	<input type="checkbox"/> Religion	Q. Professional
<input type="checkbox"/> Government	<input type="checkbox"/> Retail	R. Sales
<input type="checkbox"/> Legal	<input type="checkbox"/> Technology	S. Supervision
<input type="checkbox"/> Manufact.(Heavy)	<input type="checkbox"/> Transportation	T. Technical
<input type="checkbox"/> Manufact.(Light)	<input type="checkbox"/> Wholesale	V. Retired
	<input type="checkbox"/> Other	X. Other



**TO BE COMPLETED BY THE SPONSOR**

Date \_\_\_\_\_ Does the nominee meet membership qualifications? \_\_\_\_\_

Signature of sponsor \_\_\_\_\_ Print name \_\_\_\_\_

Signature of endorser \_\_\_\_\_ Print name \_\_\_\_\_